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					Examiner Name S.			S. Pa	itel	Ch	<u> </u>		
~	_ ∐ .Applicant	Applicant claims small entity status. See 37 CFR 1.27-					-Art Unit			- CA	~		
	TOTAL AMOL	INT OF PAYMENT	(\$) 110		Attorn	ney Dock	et No.	0340	47.008US (01-0	6) (Formerly P66822	(QSO)		
	\ ME	THOD OF PAYMENT (c	heck all that appl	(y)				FEE C	ALCULATION (a	ontinued)	70		
E .V	Check Credit card Money Other None Order				3. ADDITIONAL FEES Large Entity Small Entity								
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" Tills	Deposit Accou	ınt:			Fee	Fee	Fee	Fee	5				
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	Account Number	210-380			1051 1052	130 50	2051	65 25	-	filing fee or oath	<u> </u>		
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TRACT	Deposit			_	1053	130	1053	130	Non-English spe	ecification			
	Account Name	U.S. Army Medical Rese	earch and Materiel	Command	1812	2,520	1812	2,520	For filing a requi	est for reexamination			
	The Director is a	uthorized to: (check al		······································	1804	920*	1804	920°	Requesting publication	lication of SIR prior to			
	☐ Charge any ad	ndicated below	e pendency of th	nis application	1805	1,840*	1805	1,840*	Requesting publication	lication of SIR after			
		ndicated below, except ified deposit account.	for the filing fo	ee	1251	110	2251	55		ply within first month	110		
		FEE CALCULA	TION		1252	420	2252	210	Extension for remonth	ply within second			
	1. BASIC F	ILING FEE			1253	950	2253	475		ply within third month			
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ن 	1)	001 385 Utility fili	-	<u> </u>	1401	330 330	2401 2402	165 165	Notice of Appea	support of an appeal	-		
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	1	003 265 Plant fili 004 385 Reissue	filing fee		1451	1,510	1451	1,510	Petition to Institu	•			
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٠.	SUBTOTAL (1) (\$) 0					1,330	2501	665	Utility issue fee	and the second s			
	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1501 1502	480	2502	240	Design issue fee	•	+		
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	Claims below Paid Total Claims 11 -20 ** = 0 X = 0				1460	130	1460	130	Petitions to the (Commissioner			
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	Claims 3	-3 ** = 0	×	= 0	1806	180	1806	180	Submission of Ir Stmt	nformation Disclosure			
	Multiple Dependent X = 0				8021	40	8021	40	Recording each per property (time	patent assignment nes number of			
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	Fee Fee (\$)	Fee Fee Fee	Description -	·	1809	770	2809	385	Filing a submiss (37 CFR § 1.129	ion after final rejection (a))			
	1202 18	1 '''	ms in excess of 2	20	1810	770	2810	385		nal invention to be			
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	1203 290		tiple dependent c	•	1801	770	2801	385	Request for Contin	ued Examination (RCE)			
. •	1204 86		eissue independe inal patent	ent claims over	1802	900	1802	900	Request for exped				
	1205 18 2205 9 *** Reissue claims in excess of 20 and over original patent				of a design application								
					Other fo	Other fee (specify)							
	SUBTOTAL (2) (\$) 0				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110								
	**or number previo	<u> </u>											
	SUBMITTED BY								Complete (if applicable)				
•	Name (Print/Type)	Suzannah K. Sund		Registration No./ (Attorney/Agent)	^	43,	172		Telephone	(202) 263-4300			
			<u> </u>							<u> </u>			

PTO/SB/17 (10-03) approved for use through 07/31/2006. OMB 0651-0032

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